



# VOLUNTEER APPLICATION

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## Personal Information

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_

Emergency Contact (name & phone): \_\_\_\_\_

Relationship: \_\_\_\_\_

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## Skills & Interests

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Current or Former Occupation: \_\_\_\_\_

Training , education or skills: \_\_\_\_\_

Other Volunteer Experience: \_\_\_\_\_

Talents / Hobbies: \_\_\_\_\_

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## Availability

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How many hours per week do you wish to volunteer? \_\_\_\_\_

If you do not want a weekly schedule, what is your preference? \_\_\_\_\_

Please use the grid below to show your current availability to volunteer. Mark only those times that you most prefer.

	Mon	Tue	Wed	Thurs	Fri
Morning					
Afternoon					
Evening					

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## References

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Please provide two references:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Interest in Volunteering

 Please check all that apply to you. You may not yet know what you want to do. That is fine.

Do you know what you would like to do? (These are not all of the opportunities)

	Clerical (office) assistance		Welcome Desk Greeter
	Coffee Shop		Woodwork Room Monitoring
	Gift Shoppe		Fitness Room Monitoring
	Delivering Meals on Wheels		Computer Lab assistance
	Hospitality, party assistance		Special projects
	Bingo		Lead/teach classes
	Reading to children		Cleaning
	Kitchen - help with lunch program		

Is there anything else you would like to share?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use only

Application Received _____	Interview Date: _____
References Contacted: (1) _____	(2) _____
Comments: _____	_____
_____	_____